

FILED JUN 13 1946
Registration District No. 2

Primary Registration District No. 4009

State File No. _____

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town SAVANNAH
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1012 WAKEFIELD 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community life
years, months or days

3. (a) PRINT FULL NAME SAYRAH E MORRISON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Jacob Morrison

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 6 - 1852
(Month) (Day) (Year)

8. AGE: 94 Years 7 Months 26 Days
If less than one day hr. _____ min. _____

9. Birthplace Andrew Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business _____

MOTHER FATHER { 12. Name Abraham Howard

13. Birthplace Overton Co Tenn 1
(City, town, or county) (State or foreign country)

14. Maiden name OTHA MEANS

15. Birthplace CLAY Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Olis Morrison

(b) Address Savannah Ga

17. (a) _____ (b) Date thereof 5-4-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marville mo

18. (a) Signature of funeral director E. G. Breit

(b) Address Savannah mo

19. (a) 5-2-46 (b) Lillian Spark
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Andrew 2

(c) City or town SAVANNAH 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1012 WAKEFIELD ave 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 2
year 1946 hour 2 minute p M.

21. I hereby certify that I attended the deceased from _____, 19____, to May 2, 1946;

that I last saw her alive on May 2, 1946;

and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerosis
T. Hemiplegia Duration 2 weeks

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 97

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. P. Kelley (M. D. or other) M. D.

Address Savannah, Mo Date signed 5/3/46

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

DISTRICT HEALTH OFFICE
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

P. O. Address. Savannah mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.